

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SHORE PAC

ADDRESS (number and street) ▼

PO Box 3157

☐ Check if different than previously reported. (ACC)

Long Branch

NJ

07740

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00410308

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Warren B Goode

Signature of Treasurer

Warren B Goode

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SHORE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
03		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
03		31		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2015</td></tr></table>	Y	Y	Y	Y	Y	2015						<table><tr><td colspan="5">53704.55</td></tr></table>	53704.55				
Y	Y	Y	Y	Y													
2015																	
53704.55																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">67952.68</td></tr></table>	67952.68															
67952.68																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">65500.00</td></tr></table>	65500.00					<table><tr><td colspan="5">98500.00</td></tr></table>	98500.00									
65500.00																	
98500.00																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">133452.68</td></tr></table>	133452.68					<table><tr><td colspan="5">152204.55</td></tr></table>	152204.55									
133452.68																	
152204.55																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">29443.15</td></tr></table>	29443.15					<table><tr><td colspan="5">48195.02</td></tr></table>	48195.02									
29443.15																	
48195.02																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">104009.53</td></tr></table>	104009.53					<table><tr><td colspan="5">104009.53</td></tr></table>	104009.53									
104009.53																	
104009.53																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**SHORE PAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
03	/	01	/	2015

To:

M M	/	D D	/	Y Y Y Y Y
03	/	31	/	2015

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1500.00

6500.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1500.00

6500.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

64000.00

92000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

65500.00

98500.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

65500.00

98500.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

65500.00

98500.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1943.15	12695.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1943.15	12695.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	35500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29443.15	48195.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29443.15	48195.02

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	65500.00	98500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	65500.00	98500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1943.15	12695.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1943.15	12695.02

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Chris Long**

Mailing Address 35 Saint Simons Drive

City State Zip Code  
 Bluffton SC 29910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Bluestone Strategies LLC

Occupation  
 Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 11ai-000037761**

Amount of Each Receipt this Period

1500.00

Earmarked Contribution Through ActBlue

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

## **A. Vertex Pharmaceuticals Inc PAC**

Mailing Address 1050 K Street NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00468660

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03 / 09 / 2015**

**Transaction ID : 11c-000037553**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. American Academy of Dermatology Association PAC (SkinPAC)**

Mailing Address 1445 New York Avenue NW #800

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00359539

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

**03 / 09 / 2015**

**Transaction ID : 11c-000037548**

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

## **C. Hall Render Killian Heath Lyman Employees PAC / The Hall Way PAC**

Mailing Address 1 American Square

City State Zip Code  
Indianapolis IN 46282

FEC ID number of contributing  
federal political committee.

**C** C00552083

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

**03 / 09 / 2015**

**Transaction ID : 11c-000037551**

Amount of Each Receipt this Period

3500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

9500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

## **A. ISRI PAC**

Mailing Address 1615 L Street NW

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00046086

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

**03** / **09** / **2015**

**Transaction ID : 11c-000037552**

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

## **B. American Association of Nurse Anesthetists PAC (CRNA PAC)**

Mailing Address 412 First Street SE #12

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00173153

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

**03** / **12** / **2015**

**Transaction ID : 11c-000037549**

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

## **C. National Association of Home Builders PAC (BUILD PAC)**

Mailing Address 1201 15th Street NW

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00000901

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **12** / **2015**

**Transaction ID : 11c-000037550**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

12000.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

## **A. United Technologies Corporation PAC (UTC PAC)**

Mailing Address 1101 Pennsylvania Avenue NW

City State Zip Code  
 Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00035683

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **27** / **2015**

**Transaction ID : 11c-000037651**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Anthem PAC**

Mailing Address 120 Monument Circle

City State Zip Code  
 Indianapolis IN 46204

FEC ID number of contributing  
federal political committee.

**C** C00197228

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

**03** / **27** / **2015**

**Transaction ID : 11c-000037646**

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

## **C. Comcast Corporation & NBCUniversal PAC**

Mailing Address 1701 JFK Boulevard

City State Zip Code  
 Philadelphia PA 19103

FEC ID number of contributing  
federal political committee.

**C** C00248716

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

**03** / **27** / **2015**

**Transaction ID : 11c-000037649**

Amount of Each Receipt this Period

3500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

9500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

## **A. National Telecommunications Cooperative Association PAC (TECO)**

Mailing Address 4121 Wilson Boulevard

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing  
federal political committee.

**C** C00004473

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

**03** / **27** / **2015**

**Transaction ID : 11c-000037650**

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

## **B. AT&T Inc Federal PAC**

Mailing Address 208 South Akard Street

City State Zip Code  
Dallas TX 75202

FEC ID number of contributing  
federal political committee.

**C** C00109017

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **27** / **2015**

**Transaction ID : 11c-000037647**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. CenturyLink Inc Employees PAC**

Mailing Address 1099 New York Avenue NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00419911

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **27** / **2015**

**Transaction ID : 11c-000037648**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

13500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 18

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

## **A. ActBlue**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

6500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : 11c-000037762**

Amount of Each Receipt this Period

1500.00

**[MEMO ITEM]**

Conduit Contributions Through ActBlue

Full Name (Last, First, Middle Initial)

## **B. BLUEPAC- Blue Cross & Blue Shield Association PAC**

Mailing Address 1310 G Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

C00194746

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : 11c-000037765**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. American Health Care Association PAC (AHCA-PAC)**

Mailing Address 1201 L Street NW

City

Washinton

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

C00006080

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : 11c-000037764**

Amount of Each Receipt this Period

3500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

6000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 18

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

SHORE PAC

Full Name (Last, First, Middle Initial)

**A. Verizon Communications Inc Good Government Club (Verizon PAC)**

Mailing Address 1300 I Street NW 4th Floor

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee.

C C00186288

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : 11c-000037767

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. American College of Radiology Association PAC (RAD PAC)**

Mailing Address 1891 Preston White Drive

City	State	Zip Code
Reston	VA	20191-4375

FEC ID number of contributing federal political committee.

C C00343459

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : 11c-000037763

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. National Association of Broadcasters PAC (NABPAC)**

Mailing Address 1771 N Street NW

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing federal political committee.

C C00009985

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : 11c-000037766

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

13500.00

TOTAL This Period (last page this line number only)..... ►

64000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Davey Consulting LLC**Mailing Address 236 Massachusetts Avenue NE  
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Fundraising Expense (See Memo Item)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 04 2015**Transaction ID : 21b-02-01017-0000**

Amount of Each Disbursement this Period

892.40

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address 7700 Wisconsin Avenue

City Bethesda State MD Zip Code 20824

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 04 2015**Transaction ID : 21b-02-01017-01169**

Amount of Each Disbursement this Period

892.40

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Common Sense Consulting**

Mailing Address PO Box 21

City Hopewell State NJ Zip Code 08525

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Annual

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 13 2015**Transaction ID : 21b-02-01018-01170**

Amount of Each Disbursement this Period

750.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1642.40

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2015

Mailing Address PO Box 1270

City	State	Zip Code
Newark	NJ	07101

**Transaction ID : 21b-02-01019-0000**Purpose of Disbursement  
See Memo Item

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

211.50

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual

State: District:

Full Name (Last, First, Middle Initial)

**B. Custom Ink**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2015

Mailing Address 2910 District Avenue

City	State	Zip Code
Fairfax	VA	22031

**Transaction ID : 21b-02-01019-01177**Purpose of Disbursement  
Promotional Materials

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

211.50

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual

State: District:

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2015

Mailing Address 14 Arrow Street

City	State	Zip Code
Cambridge	MA	02138

**Transaction ID : 21b-02-01015-01166**Purpose of Disbursement  
Service Fee

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

59.25

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Annual

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

270.75

**TOTAL** This Period (last page this line number only)..... ►

1913.15

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Kirkpatrick for Arizona**

Mailing Address PO Box 12011

City	State	Zip Code
Casa Grande	AZ	85130

Purpose of Disbursement  
Contribution

Candidate Name

**Ann Kirkpatrick**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AZ	District: 01

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2015

**Transaction ID : 23-02-01022-01180**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Bera for Congress**

Mailing Address PO Box 582496

City	State	Zip Code
Elk Grove	CA	95758

Purpose of Disbursement  
Contribution

Candidate Name

**Amerish Bera**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 07

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2015

**Transaction ID : 23-02-01024-01182**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Julia Brownley for Congress**

Mailing Address PO Box 2018

City	State	Zip Code
Thousand Oaks	CA	91358

Purpose of Disbursement  
Contribution

Candidate Name

**Julia Brownley**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 26

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2015

**Transaction ID : 23-02-01025-01183**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

## **A. Friends of Cheri Bustos**

Mailing Address PO Box 77

City State Zip Code  
 East Moline IL 61244

Purpose of Disbursement  
 Contribution

Candidate Name

**Cheri Bustos**

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : 23-02-01026-01184**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Sean Patrick Maloney for Congress**

Mailing Address PO Box 270

City State Zip Code  
 Newburgh NY 12550

Purpose of Disbursement  
 Contribution

Candidate Name

**Sean Patrick Maloney**

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 18

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : 23-02-01027-01185**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. Dr. Raul Ruiz for Congress**

Mailing Address PO Box 6116

City State Zip Code  
 La Quinta CA 92248

Purpose of Disbursement  
 Contribution

Candidate Name

**Raul Ruiz**

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : 23-02-01028-01186**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Kyrsten Sinema for Congress**

Mailing Address PO Box 25879

City	State	Zip Code
Tempe	AZ	85285

Purpose of Disbursement  
Contribution

Candidate Name

**Kyrsten Sinema**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : 23-02-01029-01187**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Cain for Congress**

Mailing Address PO Box 1523

City	State	Zip Code
Bangor	ME	04402

Purpose of Disbursement  
Contribution

Candidate Name

**Emily Ann Cain**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

**Transaction ID : 23-02-01021-01179**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Pete Aguilar for Congress**

Mailing Address PO Box 10954

City	State	Zip Code
San Bernadino	CA	92423

Purpose of Disbursement  
Contribution

Candidate Name

**Pete Aguilar**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : 23-02-01023-01181**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SHORE PAC**

Full Name (Last, First, Middle Initial)

**A. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement  
Contribution

Candidate Name

**Kurt Schrader**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

**Transaction ID : 23-02-01020-01178**

Amount of Each Disbursement this Period

5000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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27500.00
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